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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/718,131			Filing Date 20 November, 2003			To be Mailed		
	Substitute	e for Form l	PTO-1360		Applicant(s) ROSS, JULIAN						Page 1 of 1		
					* May be used for additional claims or amendments								
CLAIMS	AS F	ILED	AMEN	R FIRST DMENT ./2007	AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				2			53						
5				2			54 55						
6				1			56						
7				2			57						
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12 13				2			62 63						
14				2			64						
15				1			65						
16				2			66						
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18				1			68						
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20 21				1			70 71						
22				1			72						
23				1			73						
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25				1			75						
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29			1	1			79						
30				1			80						
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48							98 99						
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Total			4	<u> </u>		l	Total						
Indep							Indep						
Total				31			Total						
Depend							Depend						
Total Claims			] 3	35			Total Claims						

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